

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED
Date Stamp
JAN 31 2003
CITY OF SANTA MARIA
City Clerk
CALIFORNIA 460
2001/02 FORM
Page 1 of 7
For Official Use Only

Statement covers period
from 10/20/02 through 12/31/02
Date of election if applicable:
(Month, Day, Year)
11/05/02
CITY OF SANTA MARIA
City Clerk

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1227669

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Pkwy., Suite 220

STREET ADDRESS (NO P.O. BOX)

2450 Professional Pkwy., Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/03 Date

Executed on Date

Executed on Date

Executed on Date

By Tom E. Patino Signature of Treasurer or Assistant Treasurer

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Alice M. Patino Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council - City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2450 Professional Pkwy., Suite 220 Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 10/20/02

through 12/31/02

CALIFORNIA
FORM 460

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	2479.12	12,378.12
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	2479.12	12,378.12
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	2479.12	12,378.12

Expenditures Made

6. Payments Made Schedule E, Line 4	1748.28	12,066.98
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	1748.28	12,066.98
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	1748.28	12,066.98

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	840.28
13. Cash Receipts Column A, Line 3 above	2479.12
14. Miscellaneous Increases to Cash Schedule I, Line 4	.87
15. Cash Payments Column A, Line 8 above	1748.28
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	1571.99
If this is a termination statement, Line 16 must be zero.	

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Type or print in ink.
Amounts may be rounded
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Schedule A Monetary Contributions Received

SCHEDULE A

Statement covers period
from 10/20/02
through 12/31/02

Page 4 of 7

I.D. NUMBER
1227669

SEE INSTRUCTIONS ON REVERSE

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Alice Patino for City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/02	Betteravia Farms, LLC P.O. Box 5845 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	G02 1000.00
10/29/02	Nuevo Energy Co. 1221 Lamar St. Suite 1600 Houston, TX 77010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G02 500.00
11/15/02	Friends of Abel Maldonado (#980583) 250 Kathleen Ct. Santa Maria, CA 93454	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G02 100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1600.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1600.00
- Amount received this period - unitemized contributions of less than \$100 \$ 879.12
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2479.12

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

CALIFORNIA
FORM

460

Statement covers period
from 10/20/02
through 12/31/02

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Assoc. CPA, Inc. 2151 S. College Dr., Suite 101 Santa Maria, CA 93455	PRO			475.00
KIDI Radio/La Buena 104 W. Chapel St. Santa Maria, CA 93454	RAD			670.00
Santa Maria Sun 1954 S. Broadway Santa Maria, CA 93454	PRT			250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1395.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1609.05
2. Unitemized payments made this period of under \$100	\$ 139.23
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1748.28

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airline and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airline and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

USPS

201 E. Battles Rd.
Santa Maria, CA 93454

DESCRIPTION OF PAYMENT

CODE OR

AMOUNT PAID

214.05

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL \$	214.05
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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM

460

Statement covers period

from 10/20/02

through 12/31/02

Page 7 of 7

I.D. NUMBER

1227669

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$ 0.00
2. Unitemized increases to cash under \$100 this period.	\$.87
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$.87
TOTAL	\$.87